

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000017235 (0)
 1. Corporation Name
GOOSE POND CORPORATION



Principal Place of Business 1801 HERMITAGE BLVD 100 TALLAHASSEE FL 32308 US	Mailing Address 1801 HERMITAGE BLVD 100 TALLAHASSEE FL 32308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1801 Hermitage Blvd. Suite, Apt #, etc 22 600 City & State 23 Tallahassee, FL Zip Country 24 32308 25 US		2a. Mailing Address 26 1801 Hermitage Blvd. Suite, Apt #, etc. 27 600 City & State 28 Tallahassee, FL Zip Country 29 32308 30 US		3. Date Incorporated or Qualified 03/04/1994	4. FEI Number 59-3294419 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TODD, DAVID E
1801 HERMITAGE BLVD
100
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRILL, LAUNNE G	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	DEL PIZZO, VICTOR A	
STREET ADDRESS	51 JFK PAKWY	
CITY-ST-ZIP	SHORT HILLS NJ	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BURT, NOYCE W	
STREET ADDRESS	1 RAVINIA DE STE 1400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DARK, JOHN W.	
STREET ADDRESS	51 JFK PKWY	
CITY-ST-ZIP	SHORT HILLS NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 100	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 100	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Laler C. DeCosta	
1.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800	
1.4 CITY-ST-ZIP	Atlanta, GA 30326	
2.1 TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Luanne Good	
2.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William R. Forth	
3.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800	
3.4 CITY-ST-ZIP	Atlanta, GA 30326	
4.1 TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James W. Horton	
4.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
4.4 CITY-ST-ZIP	Tallahassee, FL 32308	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Patricia Snedeker	
5.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 600	
5.4 CITY-ST-ZIP	Atlanta, GA 30326	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Evelyn Harrington	
6.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800	
6.4 CITY-ST-ZIP	Atlanta, GA 30326	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Douglas W. Bennett, Director *[Signature]* 850-488-4406

CR2E034 (10/97)

ATTACHMENT

**DOCUMENT# P94000017235 (0)
GOOSE POND CORPORATION**

BLOCK 13:

D

**Jeffrey L. Smith
1801 Hermitage Blvd., Suite 600
Tallahassee, FL 32308**

Change Addition